PUBLIC RECORD	: This form, your	r verbal testimony	y, and materials y	ou distribute will
be posted on the Int	ernet and access	ible to the public.		

		WITNESS REGISTRATION		
Committee Name: _	JCT			
Public Hearing on:	SB	53	_ Date:	5-1-19

Please register if you wish to testify on the above-named measure/issue. <u>Please print legibly</u>.

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Betty Stansburg	GR Digt of Austim				1
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